

City of Lowell
HEALTH INSURANCE COMPARISON - FY11

Medicare Supplement Plans for Eligible Retirees

This informational worksheet includes a summary of plans offered to City of Lowell Retirees who are eligible for Medicare Health Insurance Benefits. Rates are for FY2011 with plan changes effective July 1, 2010. Rates will be changed in your June 2010 pension check. This brochure has been designed to help make your comparison of plans to be as simple as possible, however, the Subscriber Certificate and applicable riders define the final terms and conditions of your specific benefits. For more info call the Human Relations Office at 978-970-4105 or Blue Cross Blue Shield Member Services at 1-800-782-3675.

BENEFIT SUMMARY:	Carve-Out A & B Medicare Plan	Managed Blue for Seniors Medicare Plan	Medex 3 Medicare Plan
PREMIUMS	Individual	Individual	Individual
Retiree Premium per Year	\$1,516	\$1,281	\$1,516
Retiree Premium per Month	\$126.31	\$106.75	\$126.31
DEDUCTIBLES & CO-INSURANCE	Your Cost	Your Cost	Your Cost
Deductible per calendar year	\$50	None	\$50 per Retail Prescription
Co-Insurance	20%	None	None
Out-of-Pocket Maximum	None	None	None
Lifetime Benefit Maximum	None	None	None
PHYSICIAN & REFERRALS	Your Cost	Your Cost	Your Cost
Primary Care Physician	NO	YES	No
Physician Referral - Emergency	NO	NO	NO
Physician Referral - Non-Emergency	NO	YES	NO
PRESCRIPTION DRUGS	Your Cost	Your Cost	Your Cost
Retail Pharmacy (30 day supply)			
Generic	20% Co-insurance	\$10	Nothing (After \$50 deductible)
Brand Name	20% Co-insurance	\$25	20% (After \$50 deductible)
Non-Preferred	20% Co-insurance	\$35	20% Co-insurance
Specialty Medications	20% Co-insurance	\$35	20% Co-insurance
Mail Order (90 days supply)			
Generic	\$5	\$20	\$2 each (No deductible)
Brand Name	\$10	\$50	\$10 each (No deductible)
Non-Preferred	n/a	\$70	n/a
PHYSICIAN'S OFFICE	Your Cost	Your Cost	Your Cost
Medical Care - Office Visit w/Diagnosis	20% Co-Insurance	\$10 per visit	20% co-insurance (Waived if within 100 days of 3 day hospital stay)
Routine Physical Exams	100% - Not Covered	\$10 per visit	100% - Not Covered
Surgery	Nothing	Nothing	Nothing
Routine Preventative Colonoscopy	100% - Not Covered	\$10 per visit	100% - Not Covered
Routine Annual Gynecological Exam	20% Co-Insurance	\$10 per visit	20% Co-Insurance
Routine Gynecological Exam Limits	1 visit every 24 months	1 visit per calendar year	1 visit every 24 months
Routine Vision Exam	100% - Not Covered	\$10 per visit	100% - Not Covered
Routine Vision Exam Limits	100% - Not Covered	1 visit every 24 months	100% - Not Covered
Routine Hearing Exam	100% - Not Covered	\$10 per visit	100% - Not Covered
INPATIENT CARE	Your Cost	Your Cost	Your Cost
Hospital (General, Semi-Private Room)	Nothing	Nothing	Nothing
Hospital Stay - Limitations	None	None	365 days
Hospital - Emergency Admission	Nothing	Nothing	Nothing
Physician Services	Nothing	Nothing	Nothing
Skilled Nursing Facility	Nothing	Nothing	Nothing
Skilled Nursing Facility Limitations	Medically Necessary	Up to 100 days w/Rehab	Up to 100 days w/Rehab then excess of \$16 for days 101-365
Nursing Home Care	100% - Not Covered	100% - Not Covered	100% - Not Covered

INPATIENT CARE		Your Cost	Your Cost	Your Cost
	Rehabilitation Hospital	Nothing	Nothing	Nothing
	Rehabilitation Hospital Limitations	No, if Medically Necessary	Up to 100 days combined w/Rehab	Up to 100 days w/Rehab then excess of \$16 for days 101-365
OUTPATIENT CARE		Your Cost	Your Cost	Your Cost
	ER - Admitted to Hospital	Nothing	Nothing	Nothing
	ER - Emergency Care (Not Admitted)	Nothing	\$50 per visit	Nothing
	ER - Accident Care (Not Admitted)	Nothing	\$50 per visit	Nothing
	Physician Office Visits	20%	\$10	20% (Waived if within 100 days of 3 day hospital stay)
	Surgery	Nothing	Nothing	Nothing
	Radiation & Chemotherapy	Nothing	Nothing	Nothing
	Diagnostic X-ray & Lab (non-routine)	Nothing	Nothing	Nothing
	MRI, CT, PET Scans, Cardiac Imaging	Nothing	Nothing	Nothing
	Hemodialysis	Nothing	Nothing	Nothing
	Physical Therapy	Nothing	\$10 per visit	20% (Waived within 100 days of 3 day hospital stay)
	Occupational Therapy	Nothing	\$10 per visit	20% (Waived within 100 days of 3 day hospital stay)
OTHER OUTPATIENT SERVICES		Your Cost	Your Cost	Your Cost
	Visiting Nurse/Home Health Care	Nothing	\$10 per visit	Nothing
	Prosthetic Devices	20% Co-Insurance (after \$50 deductible)	Nothing	20% Co-Insurance (after \$50 deductible)
	Durable Medical Equipment	20% Co-Insurance (after \$50 deductible)	Nothing	20% Co-Insurance (after \$50 deductible)
	Emergency Ambulance	20% Co-Insurance (after \$50 deductible)	Nothing for Emergency \$40 copay for non-emergency when medically necessary	Nothing
	Chiropractor Visits	20% Co-Insurance (after \$50 deductible)	\$10 per visit for manual manipulation to correct subluxation shown by X-ray (All charges for other services)	Nothing for manual manipulation to correct subluxation shown by X-ray (All charges for other services)
	Removal of Impacted Teeth	100% - Not Covered	100% - Not Covered	100% - Not Covered
MENTAL HEALTH		Your Cost	Your Cost	Your Cost
	Inpatient at General Hospital	Nothing	Nothing	Nothing (365 days)
	Inpatient at Mental Health Hospital	Nothing	Nothing	Nothing (120 days)
	Inpatient at Substance Abuse Facility	Nothing	Nothing	Nothing (120 days)
	Outpatient Visits (Days 1-24)	Nothing	Nothing	Nothing
	Outpatient Medicare Services (25+)	50%	50%	50%
HEALTHY BLUE PROGRAMS		Your Benefit	Your Benefit	Your Benefit
	Fitness Benefit (Club Membership)	Not Covered	\$150 per Year	Not Covered
	Weight Loss Benefit	Not Covered	\$150 per Year	Not Covered
	Living Health Naturally	Up to 30% Discount	Up to 30% Discount	Up to 30% Discount
	BlueCare 24-Hr Hotline:1-888-247-BLUE	No Charge	No Charge	No Charge
	Access to www.AHealthMe.com	No Charge	No Charge	No Charge
	Member Self Service:bluecrossma.com	No Charge	No Charge	No Charge

For more information about your specific health insurance coverage, call BCBS at 1-800-782-3675 or via the web at www.bluecrossma.com. The City of Lowell's FY11 Open Enrollment Period takes place from May 17, 2010 to June 4, 2010. All benefits changes must be made during this time. Detailed plan summaries and provider directories are available in the City of Lowell's Human Relations Office at Lowell City Hall, 375 Merrimack Street, Room 19, Lowell, MA 01852, 978-970-4105, email: svinas@lowellma.gov, www.lowellma.gov. Visit www.bcbsma.com to check to see if your doctor is in the managed care network. Visit www.AHealthMe.com for an around-the-clock healthy approach to fitness, family and fun.

FOR MORE INFORMATION CALL HUMAN RELATIONS AT 978-970-4105 www.lowellma.gov